

MENTAL HEALTH UPDATE

April 9, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1972 Landmark legislation creating a new Federal adult assistance program designed to provide Supplemental Security Income (SSI) to needy disabled individuals signed into law by President Richard M. Nixon. In 1969, the President combined the aged, blind and disabled welfare categories into one program to be administered by the Social Security Administration. State and local governments operated the old programs with partial Federal funding, resulting in varying payment levels from state to state. Of the 1972 amendments to the Social Security Act, two of the most important were SSI and the automatic cost-of-living (COLA) adjustment provision to maintain purchasing power without Congress having to act. Any state could choose to supplement the federal benefits with state general funds and to have the Federal government make the supplementary payments and absorb the administrative costs. Social Welfare Commissioner Paul R. Philbrook saw this as an opportunity to partner with the Federal government to provide state aid to the disabled and have it administered by Washington. Philbrook persuaded the Legislature to approve Act 171 of 1974, creating a state assistance program for the aged, blind and disabled. Ever since, SSI-eligible Vermonters have received a single payment that includes the state supplement, Aid to the Aged, Blind and Disabled / AABD. Nixon’s support of SSI is noted in many accounts of the history of the Social Security Act and reflected in the book, *Nixon’s Good Deed* (Burke and Burke, 1974), about his proposed reforms to provide a guaranteed income for America’s needy families. SSI / AABD is a significant source of support for the Vermont mental health system, providing nearly half (48%) of the community mental health agencies’ 3,076 CRT clients with supplemental security income in fiscal year 2008.

ADULT MENTAL HEALTH

MHISSION - VT

The Vermont Agency of Human Services, Department of Mental Health, in partnership with the UVM Division of Public Psychiatry, is conducting a statewide intergovernmental initiative that will address the needs of Vermont veterans and other adults with trauma spectrum-illness, traumatic brain injury, serious mental

illness and/or substance abuse who are or who are likely to become involved with the criminal justice system through identification, screening/assessment, and diversion from the criminal justice system to evidence-based treatment and supports.

The scope and purpose of MHISSION-VT is that it will:

- Seamlessly integrate clinical care for these individuals at all levels of the "real world" system;
- Divert people away from incarceration and homelessness and toward care and treatment;
- Provide retrospective and prospective decision support regarding clinical, administrative and financial matters.

To read more about this project, click on the following link:

http://healthvermont.gov/mh/documents/One-Pager_MHISSION-VT.pdf

A MHISSION-VT website will be available within a month, which will supply much more information as this initiative progresses.

Designation Calendar Available

The Department of Mental Health is making the Designation Calendar available on our website at

<http://healthvermont.gov/mh/documents/AgencyDesignationSchedulebeginning2009.pdf>

DMH will begin the next round of designations beginning this summer. If you have any questions regarding the designation process contact Evan Smith, Quality Management Director at 802-652-2026, or Evan.Smith@ahs.state.vt.us

How Much Does It Cost to Provide Supported Employment Services?

Evidence-Based Supported Employment is a well-researched approach to helping individuals with a severe and persistent mental illness find competitive employment of their choice in their community. Knowing the cost of these services is critical to ongoing program development, sustainability and expansion. On March 18, 2009 under the guidance of the Dartmouth Psychiatric Research Center, several individuals met to determine if it would be feasible to complete an updated and expanded study on cost of supported employment here in Vermont. The goal is to include all costs associated with supported employment including those incurred by Voc Rehab and Mental Health.

Internationally known researchers, Dr. Gary Bond and Dr. Eric Latimer, were joined by the Director of Policy, the Director of Supported Employment, and the Director of Data Management from Voc Rehab as well as the Department of Mental Health's Supported Employment Project Coordinator. The discussion centered on whether or not the necessary data is available to conduct this study. After this initial meeting, it appears likely that the Dartmouth Psychiatric Research Center will move ahead with study plans.

Vermont was chosen for this study for several reasons: all the community mental health agencies have an evidence-based supported employment program, the high level of collaboration between the Division of Voc Rehab and the Department of Mental Health, and the extensive data available within the Agency of Human Services.

For more information on Evidence-Based Supported Employment please contact Laura Flint at Laura.Flint@ahs.state.vt.us or call 802-652-2000.

Upcoming Forum on Integrated Treatment in CRT Programs

On April 24th, DMH will be hosting a full day meeting of the CRT Staff who participated in the CCISC (Comprehensive Continuous Integrated System of Care) Initiative to implement integrated dual disorder treatment (IDDT) in their programs. The meeting will feature a mix of training, clinical consultation, and discussion/planning re: sustainability of the practice. For more information, contact Patty Breneman at pbrenem@vdh.state.vt.us or 652-2000.

CHILDREN'S MENTAL HEALTH

The Youth in Transition Grant is gaining momentum!

The Operations Team has decided to aim for a youth-driven system of care and to carry out that vision has hired 2 (not just 1!) Youth Coordinators. Be on the look-out for **Courtney Bridges** and **Vanessa Lang**, who will soon be working for the Vermont Federation of Families for Children's Mental Health. Both young women have strong personal and professional interest in de-stigmatizing mental health issues and services, plus skills in public communication and/or training. They will be reaching out to State and regional contacts to identify youth-driven or guided organizations to encourage them to join us in strengthening the system of care for transition-aged youth.

And you may want to participate in these upcoming learning opportunities:

- On May 7 at the Elks Club in Montpelier, come hear about the ***Sequential Intercept Model*** with GAINS Center consultants.
- On May 15 at the Sheraton in Burlington, come to the ***Youth Workers' Conference*** for technical assistance about the regional planning and to hear Ross Szabo. Ross is a highly acclaimed speaker for the National Mental Health Awareness Campaign; he will give a lunch-time speech and then lead a workshop discussion with youth about a youth-driven system of care.

Hope to see you there!

National Child Traumatic Stress Initiative Community Treatment and Services Centers Grant – Funding Opportunity

The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services has announced that it is accepting applications for National Child Traumatic Stress Initiative (NCTSI) Community Treatment and Services Centers grants.

The purpose of this initiative is to improve treatment and services for children and adolescents in the U.S. who have experienced traumatic events. The initiative is designed to address child trauma issues by creating a national network of grantees—the National Child Traumatic Stress Network. Network members will work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The NCTSI Network is comprised of three types of Centers, of which Community Treatment and Services is the service program; a different NCTSI network of Centers provides national expertise on the adaptation of effective treatment and services.

The purpose of the Community Treatment and Services (CTS) Center grant program is

- to implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems, and
- to collaborate with other Network Centers on clinical issues, service approaches, policy, financing, and training issues.

The Vermont Department of Mental Health is looking at the CTS grant Request for Applications as an opportunity to further implement the Attachment, Self-Regulation, and Competencies (ARC) Framework throughout the state's mental health system for children. The ARC framework is designed for intervention with complexly traumatized youth. Applications for the CTS grant are due May 13, 2009. Grant awards range up to \$400,000 per year for up to 3 years. For more information, contact Laurel Omland at DMH: laurel.omland@ahs.state.vt.us or 802-652-2037.

FUTURES PROJECT

DMH staff meets with VSH patients and staff as part of planning for the 15-bed Secure Residential Recovery Program (SRR) proposed for the Waterbury Campus

Two meetings were held this past week with patients and staff at VSH to hear ideas about programming and architectural design for the proposed secure residential recovery facility from the people who might live and work there. DMH plans to hold on-going conversations with stakeholders as planning for the SRR program unfolds. In this week's meetings patients spoke about the desire for more therapy to assist them with their recovery. They spoke about the importance of natural light, and ready, year- round access to outdoors. They asked for classes to prepare themselves to leave the SRR and live in other, community settings. They wanted features such as kitchen areas on the units for cooking and culinary classes, and a place to garden. They spoke of the desire for individually programmable music, soft colors and for quiet spaces and visiting rooms. Staff spoke of the importance of more and ready patient access to clinicians to make it easier to address therapeutic issues in the moment. They agreed with patient suggestions to improve programming and spatial design, and offered some ideas to improve conditions for staff as well --- such as having soft, rather than hard flooring (for the benefit of those who spend their day on their feet). More conversations with VSH patients and staff are planned later in the spring.

Extension of Conceptual Certificate of Need Timeline for SRR

The Department of Mental Health requested an extension of the Conceptual Certificate of Need (CCON) that was due to expire this month. Citing their regulations and procedures, BISHCA agreed to grant a 12-month extension with the understanding that DMH intends to file a letter of intent for a Secure Residential Recovery program by November 1, 2009. In response to the DMH request to extend the CCON up to 18 months to allow continued planning for new inpatient capacity at the Rutland Regional Medical Center, BISHCA declined to extend the CCON beyond the 12 months. Once planning and legislative work advances and the timeline for filing an application for an inpatient facility becomes clear, DMH would seek an amendment to the CCON, advised BISHCA. The letter granting an extension is posted on the DMH website at

<http://healthvermont.gov/mh/futures/documents/ExtensionResponsefromBISHCA3.31.09.pdf>

Proposed Areas of Focus for Care Management

A working draft report of the Care Management System Design will be presented this week to the Steering Committee with whom the consulting team has worked throughout the process. Four areas could serve as next steps for discussion and implementation:

- Develop a representative process for policy and practice development.
- Use a standardized approach to assessing clinical need and to describe the expected role of each program in the system of care.
- Develop and pilot a process to assure timely admission to care (even when the “right” bed is not available) and for a system response the following day to get that person to the “right” place for further treatment.
- Create a working group to propose mechanism to identify bed availability statewide.

The Steering Committee meets Thursday, April 9th from 10:00 to 12:30 at 108 Cherry Street, Room 3B, in Burlington. All are encouraged to attend.

Public Hearing Scheduled for Health Care and Rehabilitation Services Recovery Residence

The Department of Mental Health has ruled complete a COA from Health Care and Rehabilitation Services of Southern Vermont for facility renovations on a property owned by Brattleboro Retreat. The application follows a partnership proposal between HCRS and Brattleboro Retreat to develop a six-bed, staff secure residential recovery program in that area. The COA application and related attachments and tables is posted on the DMH website. A public hearing to provide an overview of the project and opportunity for public comment is scheduled for April 13th from 10:30 – 12:00 in Stanley Hall, Room 100, in Waterbury.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Co-Occurring Mental Health & Substance Use Conditions: E-Learning!

In a joint effort between Vermont Integrated Services Initiative; Department of Mental Health; Department of Health, Division of Alcohol and Drug Abuse Programs; and the Agency of Human Services has resulted in the creation an **E-Learning Course on Co-Occurring Mental Health & Substance Use Conditions**. It is a comprehensive online course designed to give the participant a deeper understanding of co-occurring mental health and substance use conditions including: understanding the terms, identifying the barriers to prevention and treatment, recovery phases and stages of change, and treatment planning. People working directly with consumers or with programs and policies affecting people with mental health and substance use issues are the target audience, but it is open to everyone. To access this course, please visit:

<https://www.ahsnet.ahs.state.vt.us/learningcenter/courses/coms/mainmenu.cfm>

National Review of Vermont Integrated Services Initiative

The final site visit of the National COSIG Evaluation team will take place on April 21, 2009 at the DMH offices in Burlington. The goal of this visit is to determine the progress Vermont has made toward our COSIG goals, in particular activities since last year's telephone site visit.

VISI has scheduled a day-long agenda which includes discussions on workforce development, evaluation processes and findings, COD practice policies, financing, information-sharing, peer activities, and VISI's work with our participating provider sites to improve skills and capacity to deliver effective, integrated services for individuals with co-occurring mental health and substance use conditions.

If you are interested in participating in this review activity, please contact Patty Breneman at 652-2033.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 50 as of midnight Wednesday. The average census for the past 45 days was 46.3.